Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:

FACILITY:

LOCATION:

COUNTY:

DISTRICT:

23458

American Energy Corp Century Mine

43521 Mayhugh Hill Rd Twp Hwy 88 Beallsville, OH 43716 Belmont

SEDO

STATUS:

Original

0IL00091*GD PERMIT NUMBER:

STATION CODE: MONITORING PERIOD: REPORTING LAB:

<u>2008-08-01</u> To: <u>2008-08-31</u>

ANALYST:

Tra-Det Inc. Laura K. Wright

NO DISCHARGE INDICATOR: AL

PARAMETER	Nitrogen, Ammonia (NH3)	Chlorine, Total Residual	CBOD 5 day	Fecal Coli	form		-		
PARAMETER CODE	00610	50060	80082	31616	5				
UNITS	4106	4106	4106	6654					
FREQUENCY SAMPLING TYPE	1 / 2 Weeks Grab	1 / 2 Weeks Grab	1 / 2 Weeks Grab	1/Mon Grab					
2008-08-01	Giau	Glao	Giab	Grad					
2008-08-02		<u> </u>	<u> </u>	1					
2008-08-03									
2008-08-04				 .					
2008-08-05					-				
2008-08-06									
2008-08-07									
2008-08-08									
2008-08-09									
2008-08-10									
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2008-08-16									
2008-08-17									
2008-08-18									
2008-08-19									
2008-08-20									
2008-08-21									
2008-08-22									
2008-08-23									
2008-08-24					,				
2008-08-25						,			
2008-08-26				<u> </u>					
2008-08-27				<u> </u>					
2008-08-28								_	
2008-08-29									-
2008-08-30				.					
2008-08-31									
Minimum									
Maximum Average									
Count									
Name of Responsible Official or Authorized Representative	with the information	nalty of law that I have p submitted herein and ba	sed on my inquiry of th	ose	Signature	of Responsible Represe	Official or Authorized ntative		Submission Date/Time
Adam Hartley	individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.								2008-09-20
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